

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 265671

1. Entity Name

OCEAN HOUSE NORTH INC

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90055 015 ***150.00

Principal Place of Business

6861 NORTH OCEAN BLVD
OCEAN RIDGE FL 33445

Mailing Address

6861 NORTH OCEAN BLVD
OCEAN RIDGE FL 33435-3339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1088074**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARR, MARY LOU
6849 N OCEAN BLVD
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Mary Lou Farr *Mary Lou Farr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ASAT	<input type="checkbox"/> Delete
NAME	FARR, MARY LOU	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUNE, EUGENE	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33433	
TITLE	D.	<input type="checkbox"/> Delete
NAME	RIDDER, BERNARD H	
STREET ADDRESS	6861 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCKAY, DEAN	
STREET ADDRESS	6861 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAGLOR, JOHN	
STREET ADDRESS	6861 N. OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lyne, Eugene	
STREET ADDRESS	6849 N Ocean Blvd	
CITY-ST-ZIP	Ocean Ridge FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Slimer, David	
STREET ADDRESS	6849 N Ocean Blvd	
CITY-ST-ZIP	Ocean Ridge FL 33435	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stenson, William	
STREET ADDRESS	6849 N Ocean Blvd	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deane, Dorothy	
STREET ADDRESS	6849 N Ocean Blvd	
CITY-ST-ZIP	Ocean Ridge FL 33435	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lou Farr* *Mary Lou Farr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

Date

Daytime Phone #

561-737-6770

CR2E034 (9/99)